



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **MANAGEMENT OF AN EMPLOYEE WITH AN OCCUPATIONAL EXPOSURE TO A BLOODBORNE PATHOGEN**

**Effective Date:** December 18, 2002

**Policy #:** IC-12

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**I. PURPOSE:** To provide a guideline for the management of employees exposed to Bloodborne Pathogens.

**II. POLICY:**

- A. Universal precautions and body substance isolation, along with the appropriate engineering controls will be utilized by all employees when they have direct contact with blood, body fluid, potential respiratory exposure, contaminated needles, and/or other contaminated sharps in accordance with MSH's Exposure Control Plan.
- B. The Hepatitis B vaccination series will be provided free of charge to all employees.
- C. Preventing a health care worker from being exposed to blood and potentially Bloodborne pathogens is the main goal of MSH's Exposure Control Plan, but the potential of an occupational exposure is reality. Appropriate post-exposure management is essential to assure the optimal safety of the health care worker. Any employee exposed to blood or other potentially infectious material must follow appropriate prophylaxis procedures as detailed below to ensure the most optimal outcome related to the employee's exposure.

**III. DEFINITIONS:**

- A. Bloodborne Pathogen - Pathogenic microorganisms that are present in human blood and causes disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).
- B. Contaminated - The presence of the anticipated presence of blood or other potentially infectious materials.
- C. Exposure Incident - A specific, direct contact of blood or other potentially infectious materials with a part of the body such as the eye, mouth, mucous membranes, or broken skin.
- D. PEP-Post Exposure Prophylaxis, Combination of drugs that may be started within 1-2 hours following a serious Bloodborne Pathogen Exposure.

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- E. Immediate Supervisor - Any staff member responsible for supervision of another employee, i.e. Kitchen Supervisor, Maintenance Supervisor, Business Office Supervisor, LPN"s, RN"s, etc.

**IV. RESPONSIBILITIES :**

- A. The Employee is responsible for reporting any possible Bloodborne Pathogen Exposures.
- B. The Immediate Supervisor is responsible for completing the Incident Report, the Bloodborne Pathogen Exposure Report, and notifying of the Nursing Supervisor or Infection Control Nurse **IMMEDIATELY**.
- C. The Nursing House Supervisor, Nursing Supervisor or Infection Control Nurse, is responsible for assisting in the determination of need for HIV, PEP after occupational exposure using the algorithm on Appendix A as a guide.
- D. The Infection Control Nurse will provide counseling and follow through for exposed employees. Mandatory education will be provided to employees through the Staff Development Department annually.
- E. The Physician will review all Exposure Reports that established a possible Bloodborne Pathogen Exposure. He/she will assist in the determination of need for HIV, PEP after an occupational exposure using the algorithm on Appendix A as a guide.
- F. Montana State Hospital's Medical Director (or designee) will direct treatment of all serious Bloodborne Pathogen Exposure. He/she will assist in the determination of need for HIV, PEP after an occupational exposure using the algorithm on Appendix A as a guide.

**V. PROCEDURES :**

- A. Immediate post-exposure measures:
  - 1. For percutaneous (needle stick/sharp object) injury:
    - a. Briefly induce bleeding from the wound.
    - b. Remove any foreign materials embedded in the wound.
    - c. Wash wound for ten minutes with Hibiclens or with soap and water.
  - 2. For non-intact skin exposure:
    - a. Wash with Hibiclens or with soap and running water for ten minutes.

3. For mucous membrane exposure:
  - a. Irrigate copiously with tap water for ten minutes.
- B. Following completion of immediate care measures, the staff physician should immediately call the PEP (post-exposure prophylaxis) Hotline at **1-888-448-4911** to report the incident and to receive the following:
  1. Emergency counseling and advice on post-exposure prophylaxis. The decision of the exposed health care worker to accept or decline post-exposure HIV chemoprophylaxis is an urgent one, since it is recommended that chemoprophylaxis start within one hour of exposure or as soon as possible after exposure. This counseling shall include:
    - a. A risk assessment on the transmission risk associated with the specific occupational exposure. See Appendix A.
    - b. Providing current information and data regarding the efficacy and toxicity of post-exposure prophylaxis, and of the limited nature of the data.
    - c. Notification to the employee that he/she has the option to decline consent for post-exposure prophylaxis.
    - d. The counseling shall include advice related to chemoprophylaxis. Depending on the recommendations of the PEP hotline.
    - e. The employee needs to be aware that he/she has the option to decline consent for post-exposure prophylaxis.
  2. The opportunity to immediately begin chemoprophylaxis of antiretroviral agents per current recommendations from the Centers for Disease Control (CDC). The medical doctor on call will order medications according to the current CDC recommendations. These orders may include initiating RETROVIR (zidovudine), EPIVIR (lamivudine), and INVIRASE (saquinavir mesylate).
  3. Advice on further follow-up, including the scheduling of an appointment with a physician of the employee's choice for further counseling, follow-up, and management of the continuation of the chemoprophylaxis, if the employee has chosen to begin post-exposure prophylaxis (PEP). Assessment of the risk for HIV infection for each specific occupational exposure involves many factors and the management of the chemoprophylaxis following an occupational exposure, including the potential side effects and potential toxicity of the medications is very complex; thus it is strongly recommended to the employee that he/she seek

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further follow-up with a physician that specializes in infectious diseases or has current knowledge and understanding of PEP.

- C. The nurse or physician managing the situation will complete an occupational exposure incident report as soon after the exposure as possible and send report to the Infection Control Nurse or Nursing Supervisor.
- D. The nurse or physician will provide to the outside health care provider completing the further follow-up a copy of:
  - 1. MSH's Bloodborne Pathogen policies
  - 2. The MSH Incident Report
  - 3. The employee's Hepatitis B immunization status
- E. With the consent of the employee, blood will be drawn from the employee for a baseline HBV/HIV/HCV as soon after the exposure as possible. The employee will not be charged for any testing and all employee blood will be labeled confidential. The employee has the right to refuse post-exposure HIV/HBV/HCV testing. MSH can refuse to recognize a later positive test for HIV, Hepatitis B, and/or Hepatitis C as documentation of infection from this occupational exposure if the employee refused baseline testing.
- F. The nurse or physician handling the occupational exposure will attempt to determine the source patient's HBV/HIV/HCV status:
  - 1. The infection control nurse will seek written, informed consent from the source patient for HBV/HIV/HCV.
  - 2. If consent cannot be obtained, the nurse/physician can order the test on blood previously drawn from the source patient.
  - 3. The patient cannot be charged for any testing nor will the results be a part of the patient's records. These results will become a part of the confidential exposure record.
- G. The employee will be counseled regarding his/her option for sequential confidential HBV/HIV/HCV testing including 6 weeks, 12 weeks, 6 months, and 12 months after the incident.
- H. When the baseline lab results are reported, the employee will be contacted by the infection control nurse or assigned designee to receive the results of employee's blood work and, if attainable, the source patient's blood work. The employee is reminded to not disclose the source patient's HBV/HIV/HCV status. If the employee's baseline tests are positive, the employee will be

referred to a physician of the employee's choice for further treatment and counseling.

- I. Any medical expenses that occur because of the exposure will be forwarded to the worker's compensation carrier.
- J. The Infection Control Nurse or assigned designee will provide counseling and support during the testing process, along with a schedule for sequential testing and post-exposure counseling dates.

The counseling by the Infection Control Nurse will include:

- 1. The employee's Hepatitis B status, and whether a Hepatitis B vaccination was indicated for the employee.
  - 2. A statement indicating the employee has been counseled about possible medical conditions that can result from blood or other potentially infectious material.
  - 3. A statement that the employee has been informed of any blood results from the employee and the source patient. The statement will also note that the employee was informed of any medical issues that might require further evaluation and treatment by a physician of the employee's choice. Because of the employee's right to confidentiality, specific blood results from the employee and the source patient are not included in this report. A copy of this report will also be given to the employee.
- K. All exposure records are reviewed and signed by the Infection Control Committee Chair.
  - L. Employees have the option of sequential HBV/HIV/HCV testing regardless of the patient testing results.
  - M. **Employees have the right to refuse post-exposure HBV/HIV/HCV testing. MSH can refuse to recognize a later positive test as documentation of infection from the exposure if the employee refuses baseline testing.**

#### VI. REFERENCES:

- A. Management of an Employee with a Occupational Exposure to a Bloodborne Pathogen, policy from Montana Chemical Dependency Center, Butte, Montana.
- B. The OSHA Handbook Second Edition, A Skidmore-Roth Publication.
- C. MMWR 1998, 74 (No. RR-7); 1-33 (for Appendix A).

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Thomas Gray, MD Date  
Medical Director

**EMPLOYEE INJURY/EXPOSURE REPORT****EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex M F  
 SS#: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Job Title: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Shift: \_\_\_\_\_  
 Status: FT PT TEMP Other \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_  
 Medical Record #: \_\_\_\_\_

**INJURY/EXPOSURE INFORMATION:**

When did injury/exposure occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 What part of the body was injured/exposed? \_\_\_\_\_  
 Where were you? (exact location): \_\_\_\_\_  
 What were you doing at the time of the injury/exposure? \_\_\_\_\_  
 How did injury/exposure occur? Explain thoroughly \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Exposed to Blood? \_\_\_\_\_ Body Fluid? \_\_\_\_\_ Type of body fluid? \_\_\_\_\_

If parenteral exposure, was it: Needle stick \_\_\_\_\_ Cut \_\_\_\_\_ Other \_\_\_\_\_

If mucous membrane exposure, was it: Eye \_\_\_\_\_ Mouth \_\_\_\_\_

What personal protective equipment was being worn at the time of incident?

Gloves \_\_\_\_\_ Gown/Apron \_\_\_\_\_ Mask \_\_\_\_\_ Eyewear \_\_\_\_\_ NONE \_\_\_\_\_

If no personal protective equipment worn, why? \_\_\_\_\_

If injury was a sprain/strain, did you ask for assistance prior to performing the task?

YES \_\_\_\_\_ NO \_\_\_\_\_

Was a back support being worn? YES \_\_\_\_\_ NO \_\_\_\_\_

Were there any witnesses to the injury/exposure? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of person preparing report: \_\_\_\_\_

Date report completed: \_\_\_\_\_

Reported on date of exposure? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, why? \_\_\_\_\_

## **SUPERVISOR'S REPORT:**

Treatment immediately following injury/exposure:

Refused \_\_\_\_\_ No treatment \_\_\_\_\_ First Aid \_\_\_\_\_ Employee Health \_\_\_\_\_ ER \_\_\_\_\_ Physician \_\_\_\_\_

Did employee lose work time? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, first day unable to work: \_\_\_\_\_

Has employee returned to work? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, indicate date: \_\_\_\_\_

Was the employee performing his/her regular work? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain: \_\_\_\_\_

Could this injury/exposure have been prevented? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_

Explain: \_\_\_\_\_

Action taken to prevent reoccurrence: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



# MONTANA STATE HOSPITAL OCCUPATIONAL EXPOSURE INCIDENT REPORT

Name \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date Reported \_\_\_\_\_ Reported to: \_\_\_\_\_

Type of Exposure Incident: \_\_\_\_\_

How did Exposure Incident Occur?: \_\_\_\_\_

List Personal Protective Equipment Used at the Time of Exposure: \_\_\_\_\_

Description of Employee's Duties as Related to Occupational Exposure: \_\_\_\_\_

Dates of Hepatitis B Vaccination: \_\_\_\_\_

\_\_\_\_\_  
Signature, Infection Control Person Date

\_\_\_\_\_  
Employee's Signature Date

Copy of Regulation to MD: YES \_\_\_\_\_ NO \_\_\_\_\_ Employee: YES \_\_\_\_\_ NO \_\_\_\_\_

Physician's Recommendation and Initial Written Opinion:

\_\_\_\_\_  
Physician's Signature Date

Counseling on Reporting and Effective Post Prophylaxis: YES \_\_\_\_\_ NO \_\_\_\_\_

Employee Agreeable to Further Testing: YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor Date

\_\_\_\_\_  
Employee's Signature Date

Source Individual's Blood Drawn: YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_

If no, state reason: \_\_\_\_\_

\_\_\_\_\_  
Signature, Healthcare Professional

Employee's Blood Initial, Drawn: YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_

If no, state reason: \_\_\_\_\_

\_\_\_\_\_  
Signature, Healthcare Professional

FOLLOW UP BLOOD TESTS, 3 months \_\_\_\_\_

\_\_\_\_\_  
Signature, Healthcare Professional

FOLLOW UP BLOOD TESTS, 6 months \_\_\_\_\_

\_\_\_\_\_  
Signature, Healthcare Professional

FOLLOW UP BLOOD TESTS, 1 year (optional) \_\_\_\_\_

\_\_\_\_\_  
Signature, Healthcare Professional

**WRITTEN OPINION (to be limited to following information)**

1. Employee's Laboratory Results and Source Individual Results

Results discussed with employee: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, state reason: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature (Initial Testing) Date

\_\_\_\_\_  
Employee's Signature (3 months) Date

\_\_\_\_\_  
Employee's Signature (6 months) Date

2. Employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnoses are confidential and are not included in this written report).

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Infection Control Healthcare Professional Date

\_\_\_\_\_  
Employee's Signature Date